TRAVEL VOUCHER OR SUBVOUCHER 1					form	Read Privacy Act Statement, Penalty Statement, a form. Use typewriter, ink, or ball point pen. PRE pace is needed, continue in remarks.					it, and Instr RESS HARI	and Instructions on back before completing SS HARD. DO NOT use pencil. If more				
						2. TYP	E OF PAYMENT (X as applicable)		3. FOR [3. FOR D.O. USE ONLY						
E	Electronic Fund Transfer (EFT) Payment by Check			heck	TDY			Member/ Employee		PCS	a. D.O. \	OUCHER NUM	BER			
s	plit Disb	ursement:	Amt to Govt T	VI Charge Card	\$			Other			pendent(s)	DLA				
Split Disbursement: Amt to Govt Tvl Charge Card \$ 4. NAME (Last, First, Middle Initial) (Print or type)					5. GRA			SSN		b. SUBV	OUCHER NUME	BER				
7. ADD	RESS. a	a. NUMBER	AND STREE	Г	b. CITY			c. STATE d. ZIP CODE			c. PAID I	BY				
			NUMBER &	9. TRAVEL	ORDER	NUMBER		10. PREVIOUS GOVERNMENT PAYMENTS/								
ARE	A CODE	:						ADVANCES								
11. OR	SANIZAT	TION AND S	STATION					1								
12. DEI	PENDEN	IT(S) (X and	d complete as	applicable)				13. DEPENDENTS' ADDRESS ON RECEIPT OF								
A	CCOMP	PANIED		UNA	UNACCOMPANIED			ORDERS (Include Zip Code)								
a. N	AME (La	ast, First, Mi	iddle Initial)	b. RELATIONSHIP C. DATE OR MA			F BIRTH RIAGE	1								
								14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?				D?				
								YES NO (Explain in Remarks)			d. COMF	PUTATIONS				
15. ITIN	ERARY							, , , , , , , , , , , , , , , , , , , ,								
a. DATI	≣		(Home, Offi	b. PLACE ce, Base, Activ	vity, City a	and		MEANS/	REA	d. SON	e. LODGING	f. POC				
				City and Count				MODE OF TRAVEL		OR OP	COST	MILES				
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	DEP													al Expense Allov	wance	
ARR					1 1							(3) Milea				
, ,					PA	SSENGE	:R		17. DL	JRATION OF TDY TRAVEL						
18. REIMBURSABLE EXPENSES				- 0046	NINT	1 11 04/55			12 HOURS OR LESS			(5) DLA				
a. D	AIE		b. NATURE	OF EXPENSE		c. AMO	d. ALLOWED						(6) Reimbursable Expenses (7) Total			
											MORE THAN BUT 24 HOUR		,			
											B012411001	NO ON LLC	(0) =000	unt Owed		
											MORE THAN	24 HOURS	(9) Amo			
										40.0	01/50114515/0		` /	uni Due		
								19. G	a. DATE		OF MEALS	a. DAT	-	b. NO. OF MEALS		
											a. DATE	b. NO	. OI WILALS	a. DAT		b. NO. OF WILAES
20 a C	ΛΙΜΛΝΙΤ	T SIGNATI II	DE			b DATE		21 a ADDI			FICER SIGNATU	IDE				b. DATE
20.a. CLAIMANT SIGNATURE b. DATE							21.a. APPI	(OVII)	OF	IOLIN SIGNATU	JIL .				U. DATE	
22 AC	'OLINTIN	NG CLASSI	FICATION					l								
22. AC	CONTIN	NO CLASSI	FICATION													
23. CO	LECTIO	N DATA														
24. CO	MPUTED	BY	25. AUDITEI	D BY		AVEL ORDER	₹	27 PF	CFIV	ED /P:	ayee Signature a	and Date o	r Check No.)		28. AM	OUNT PAID
24. COMPUTED BY 25. AUDITED BY					POSTED BY			27.18		(ı (., ss signature	Date 0	. CO. (NO.)		_ J. AM	

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USE(S): To substantiate claims for reimbursement for official travel.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example: \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

- 1. Original and/or copies of all travel orders and amendments, as applicable.
- 2. Two copies of dependent travel authorization if issued.
- 3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
- 4. Copy of GTR, MTA or ticket used.
- 5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
- 6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29.	REMARK	S

EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN 4 HOURS	
UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN	